



**NAD-RID NATIONAL INTERPRETER CERTIFICATION
KNOWLEDGE (WRITTEN) COMPUTER-BASED TEST
APPLICATION**



Name: _____
(Last) (First) (M.I.)

RID Member #: _____

Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Home Phone: _____ Work Phone: _____
Specify V, TTY, or Both Specify V, TTY, or Both

Pager/Cell: _____ E-Mail: _____

Note: All information is mandatory except pager, cell phone, and RID number for non-members.

NIC Knowledge Written Computer-Based Test

- This test is a computer-based test that is provided by CASTLE WorldWide, Inc., a company that has vast experience in the testing industry, who will provide these experiences to the applicants in the most expeditious and secure manner possible.
- CASTLE WorldWide has more than 260 testing sites available
- Computer-based tests will NOT be administered through RID existing testing sites.
- To view testing sites and dates near you please visit the link: https://www.castleworldwide.com/tds_v5/asp/site_availability_search.asp
Username: CASTLE, Password: cwwnetwork
- Testing retakes allowed every 3 months
- You will receive an e-mail from CASLTE with instructions on how to schedule your test
- RID does not schedule computer-based tests.

Test	Item	Member	Non-Member	Payment
NIC Written- Computer based	Test Fee (includes \$40 non-refundable application fee)	\$240.00	\$340.00	
	Retake Fee (includes \$40 non-refundable application fee)	\$190.00	\$290.00	

Important
 In order to receive the member rate you MUST already be a member in good standing and include your member number.

If you have a disability or need that requires a special accommodation, please describe below. Official verification of the need for the accommodation MUST accompany this application.

Subtotal
Total amount Enclosed (U.S.)

Do you maintain other NAD or RID Certification? _____ YES _____ NO
 If yes, which? _____

IMPORTANT: Please read the following statement and description of the NAD-RID NIC Tests. All applicants must sign this acknowledgement that they have read and will abide by the following agreement.

I understand and agree that all materials developed and used in the test that I am applying to take are the copyrighted property of the National Association of the Deaf (NAD) and the Registry of Interpreters for the Deaf, Inc. (RID), which are not-for-profit organizations; that the test and test results are likewise the property of NAD and RID and are not to be shared, duplicated, or disseminated in any fashion; that such are not diagnostic in nature and can be used for no purpose other than as intended by NAD and RID; and that the scores and method of grading cannot be reviewed by anyone (myself included) except for those authorized by NAD and RID to evaluate and/or grade.

I have read and understood the conditions and requirements placed on me by NAD and RID in taking the test applied for and do agree to abide by all these and the rules for taking the test as set out by NAD and RID. I hold harmless NAD and RID, its officers, agents, and employees from any and all liability, except intentional wrongdoing, in the offering, taking, grading, and reporting of these tests. I understand and agree with the above statements.

Signed: _____ Date: _____
 (REQUIRED) By signing this, I certify that I am 18 or older.

RID shall not discriminate in matter of certification testing or membership on the basis of age, color, creed, disability, ethnicity, hearing status, national origin, race, religion, gender or sexual orientation.

Payment Information

IMPORTANT: RID must receive payment in full before you will be eligible to take the test.

Money Order or Check # _____

VISA Master Card

Card # _____

Expiration Date _____

Name on Card _____

Send Application, Fees, and Supporting Documentation to:

**NAD-RID National Interpreter Certification
C/O RID, Inc.
333 Commerce Street
Alexandria, VA 22314
(703) 838-0454 Fax**